

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-018461

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

317
FILED APR 16 1963

590

1126

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Valley Park		c. CITY OR TOWN St. Louis	
Length of stay in 1b 6 Weeks		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cedarcroft Nursing Home		d. STREET ADDRESS (If outside, give location) 5564 St. Edwards Ave.	
3. NAME OF DECEASED (Type or print) First ANNA Middle L. Last BUELT		4. DATE OF DEATH Month April Day 1 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-19-1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hat Manufacturer-Baer Sternberg & Cohen		10b. KIND OF BUSINESS OR INDUSTRY St. Louis, Mo.	
11. BIRTHPLACE (City and state or country) U.S.A.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Bernard Buelt		13b. MOTHER'S MAIDEN NAME Anna Layton	
14. NAME OF HUSBAND OR WIFE Albert Buelt 6014 Louisiana Ave.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Albert Buelt 6014 Louisiana Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause, last: Generalized arteriosclerosis DUE TO (b) 7 yrs DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I: (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 7:00 P. Month, Day, Year 3-1-63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION St. Louis, Mo.	
21. I attended the deceased from 3-1-63 to 4-1-63 and last saw her alive on 3/31/63 Death occurred at 7:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Albert Buelt	
22b. ADDRESS Kirkwood, Mo.		22c. DATE SIGNED 4/3/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Apr. 4, 1963	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) St. Louis, Mo.
24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway Blvd.		25. DATE RECD. BY LOCAL REG. 4-3-63	
26. REGISTRAR'S SIGNATURE J. M. Murphy			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59
14042
2 206
3
4 1
5 0
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7 0
8 2
9 331X
10
11
12 86-0
13
88

Dr. C. H. Leslie Ta. 2-1526
209 S. Kirkwood Rd. 9-22-10
1-3

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ernest W. Spillars
Licensed Embalmer No. 4080

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.